

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

January 29, 2008

MC-DRC 08-03

MEDICAID BULLETIN

TO: Local Education Agencies (LEA) Providers

SUBJECT:

- I. Occupational Therapy Services**
 - A. Deletion of Procedure Codes L3800 and L3805**
 - B. Replacement Procedure Code Coverage Using L3808**
- II. Speech Language Therapy Services**
 - A. Deletion of Procedure Code 92506-52**
 - B. Replacement Procedure Code Coverage Using S9152**

South Carolina Department of Health and Human Services/Local Education Agencies (LEAs) has updated the following Medicaid covered service(s) with an **effective date of January 1, 2008**. While the codes have been updated, reimbursement rates for the procedure codes remain unchanged.

I. Occupational Therapy Services

A. Deletion of Procedure Codes L3800 and L3805

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Services	Frequency
L3800	Wrist Hand Finger Orthosis (WHFO), short opponens, no attachments, custom fabricated			One splint	4 every 12 months
L3805	Wrist Hand Finger Orthosis (WHFO), long opponens, no attachment custom fabricated			One splint	4 every 12 months

B. Replacement Procedure Code Coverage (Replacement of L3800 and 3805)

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Services	Frequency	Reimbursement
L3808	Wrist hand finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment			One splint	4 every 12 months	\$52.61

II. Speech Language Therapy Services

A. Deletion of Procedure Code 92506-52

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Services	Frequency
92506	Evaluation of speech, language, voice, communication, and/or auditory processing	52	Reduced services	One re-evaluation	2 every 12 months

B. Replacement Procedure Code Coverage (Replacement of 92506-52)

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Services	Frequency
S9152	Speech Therapy, Re-evaluation			One re-evaluation	2 every 12 months

Your continued support of the South Carolina Medicaid Program is appreciated. Please contact your Program Coordinator with any questions at (803) 898-2655.

/s/

Emma Forkner
Director

EF/mhhw

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>